

PTSD and CPTSD

It is important to know that recovery from traumatic experiences is normal and common and that young people are resilient. Here are some things that protect us from the effects of Trauma and help with healing and recovery.

Not every young person who experiences or witnesses a traumatic event will develop PTSD or CPTSD and recovery is common. There are protective factors within a child, within parents or carers, within the extended family and friends, and within the wider community which can reduce the adverse impact of trauma, promote resilience and aid to recovery and healing. Here are some examples:-

- Where young people are listened to and supported to problem solve, to share thoughts and feelings and to develop coping skills like relaxation and 'grounding'.
- Where children are encouraged and supported to connect socially with friends, family and community
- Where a young person has trusting relationships with adults who are 'tuned in', sensitive, caring, available and responsive. When a parent and caregiver 'holds their child in mind' even when they are apart.
- Where adults are aware of their own physical, emotional and spiritual needs and able to 'self-regulate'. An unregulated adult will not be able to meet the needs of an unregulated child
- Where families reach out to friends, extended family and the wider community which creates a sense of being socially connected
- Where there are predictable routines at home (like around eating, sleeping and exercise) which promotes a sense of security and safety.
- Where Parents, Carers Professionals and frontline Workers are 'trauma informed' in the way they recognise and interpret child behaviours and respond in a way that is reassuring and promotes a sense of safety.
- Where adults 'model' realistic and hopeful thinking for the future.
- Where positive Cultural, Ethnic, Religious or Spiritual connections and traditions are maintained - they can promote a sense of stability and can be nurturing for children and young people, families and communities.

These are other things that Parents and Carers can do to help ([link](#))

These are other things that Professionals and Frontline Workers can do to help ([link](#))

There are some things that may increase the risk of developing mental health difficulties like Post Traumatic Stress Disorder or PTSD after Trauma.

Traumatic events that tend to have the greatest impact are those related to interpersonal (person to person) or intentional trauma and these include childhood abuse and neglect. PTSD is less likely when the nature of the trauma has been 'non – interpersonal' trauma (for example an accidental injury or natural disaster). Known risk factor include:-

- When a child thought they were going to die
- Separation from family members
- When a Caregiver or Parent has poor mental health and coping skills after the trauma
- Where there is a Lack of social support and social isolation after the traumatic event
- Severity of Trauma experienced and proximity to the trauma
- Previous exposure to Trauma and pre-existing psychological health

Children and young people from ethnic minorities are at a higher risk of developing PTSD after witnessing or experiencing a traumatic event.

Some young people who experience a traumatic experience or traumatic experiences may not recover and may go on to develop mental health problems and other difficulties.

Traumatic experiences are common

1/3 of children and young people in England and Wales have been exposed to a traumatic experience by the age of 18 years and 1/4 of those develop Post traumatic Stress Disorder or PTSD by the age of 18 years. Many children and young people with PTSD do not access the help needed to heal and recover.

PTSD can often occur alongside other mental health difficulties and the impact is significant

Young people with PTSD and CPTSD often have other mental health problems like depression or anxiety. Young people may use substances/alcohol, have behavioural problems and express suicidal thoughts and self harm. We know that 1 in 4 young people with PTSD are not in education, employment or training and half of young people with PTSD experience loneliness and social isolation.

The main symptoms of PTSD including re-experiencing the traumatic event, avoidance behaviours, hyperarousal and reactivity and experiencing a negative change in thoughts and feelings. The symptoms are present for over 1 month and can cause significant distress and affect normal functioning.

A more detailed explanation of how PTSD and Complex PTSD is Classified and Diagnosed is found [here \(see hyperlink\)](#)

PTSD can present differently in children and teenagers. PTSD can also develop in very young infants.

Some behaviours and responses are normal

It is important to separate the behaviours and responses that would be considered to be normal, common and appropriate depending on a child's age/ temperament and stage of development. Other factors to consider include gender and what behaviours would be socially or culturally acceptable and expected.

In PTSD and CPTSD, the behaviours and reactions you might notice can be interpreted through a 'trauma lens' as the child or young person's attempts to try to survive potentially stressful and traumatic experience(s). It is also their attempt to try and make some sense of what has happened.

Post Traumatic Stress Disorder and Complex Post Traumatic Stress Disorder can affect the way we think, the way we feel and the way we behave.

In infants and Toddlers

- Fear, anxiety and heightened distress when separated from a parent or care giver.
- Some previous social behaviours like maintaining eye contact , social smiling and enjoying the to and from of social games like peek a boo might reduce or stop
- Infants and toddlers who have experienced traumatic events or situations may develop a 'frozen watchfulness' appearance or appear less reactive and responsive to events around them
- Some younger regressive behaviours may return for example around toileting, thumb sucking and sleep routines
- Some aspects of physical development may appear to reverse or stall such as eating and feeding, sitting, crawling, walking or in respect of coordination skills
- Infants and toddlers may re-experience aspects of the traumatic experience and this comes out in words, stories, play, behaviours or drawings
- Infants and toddlers might develop stomach aches or other pains
- They might be more irritable, fretful and harder to comfort and soothe

There are things that Parents and Carers can do to help ([link](#))

There are things that Professionals and Frontline Workers can do to help ([link](#))

In Primary School-aged Children

- Re-experiencing the traumatic event (through vivid thoughts, memories or nightmares as if still happening)
- Avoidance behaviours (such as avoiding any possible trigger which might be a reminder of the trauma like places, situations, smells and people).
- Hyperarousal and reactivity (being more angry or irritable and not being able to concentrate in school and not being able to sleep).
- Reminders of the Traumatic experience may trigger a 'fight' response, a 'flight' response or a 'freeze' response.
- Young children might be preoccupied and worried (feeling sad, or upset or that things will not get better. They might not enjoy previous interests and hobbies activities and become socially isolated from friends and family – preferring to be on their own.
- They might develop new aches and pains
- They might not want to school, their ability to concentrate and learn might be affected and their behaviour(s) might change.

There are things that Parents and Carers can do to help ([link](#))

There are things that Professionals and Frontline Workers can do to help ([link](#))

In Secondary School age Teenagers

- Re-experiencing the traumatic event (such as having vivid thoughts , memories or nightmares of what happened as if it is still happening now).
- Avoidance behaviours (such as avoiding any place, person, object, smells or sounds that are reminders of the trauma. Young people may avoid talking about what happened or using drugs or alcohol to try and stop the upsetting experiences).
- Hyperarousal and reactivity (such as being more irritable , angry or impatient. This may also mean being 'on guard' or watchful all the time. Concentration in school or College can be affected and it might be difficult to get off to sleep or stay asleep. Risk taking behaviours may increase, self harm and suicide).
- Reminders of the Traumatic experience may trigger a 'fight' response, a 'flight' response or a 'freeze' response.
- Negative change in thoughts and feelings. This might include feelings of guilt or shame , numbness , feelings of loss and sadness. They may withdraw from friends and family and experience a loss of enjoyment in interests.

There are things that Parents and Carers can do to help ([link](#))

There are things that Professionals and Frontline Workers can do to help ([link](#))

Seeking help

Recovery after Trauma is common and normal. However some young people may need additional support to aid with healing and it is important to know when and how to seek that extra help and support ([link](#))

